

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS1774AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/21/2009
NAME OF PROVIDER OR SUPPLIER LOYALTON OF LAS VEGAS		STREET ADDRESS, CITY, STATE, ZIP CODE 3025 E RUSSELL ROAD LAS VEGAS, NV 89120		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments Surveyor: 28276 The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of a re-survey conducted in your facility on 10/21/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for eighty-nine (89) Residential Facility for Group beds for elderly and disabled persons and sixteen (16) Residential Facility for Group beds which provide care to persons with Alzheimer's disease, Category II residents. Twenty resident files were reviewed. The following deficiencies were identified:	Y 000		
Y 878 SS=D	449.2742(6)(a)(1) Medication / Change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order.	Y 878		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 878	<p>Continued From page 1</p> <p>This Regulation is not met as evidenced by: Surveyor: 28276 Based on record review and interview on 10/21/09, the facility failed to ensure that 1 of 20 residents received medications as prescribed (Resident #1).</p> <p>Findings Include:</p> <p>Resident #1 was prescribed Prednisone (breathing disorders) 20 milligrams (mg) two tablets every day for five days. Resident #1's October 2009 medication administration record (MAR) was initialed for 10/13/09 through 10/18/09, for five days. The blister pack containing the resident's prescribed Prednisone was filled 10/13/09 with one tablet in each of the first ten pockets. The pills in pocket #10, #9, #8, #7 and #6 were dispensed. The seals on pocket #5 and #4 were taped with the medications still in the pocket, and the pills in pocket #3, #2, and #1 were still in the packet. A total of five pills were not dispensed to the resident because the medication technicians only gave him one pill for five days instead of two pill for five days as prescribed by his physician.</p> <p>Severity: 2 Scope: 1</p> <p>Based on observation, interview and record review on 10/21/09, the facility would be unable to administer as needed (PRN) medications as prescribed for 3 of 20 residents because their PRN medications were not available in the facility (Resident 3, #4 and #5).</p> <p>Findings Include:</p>	Y 878			

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Y 878	<p>Continued From page 2</p> <p>Resident #3 was prescribed Hydrocodone/APAP (moderate to severe pain) 7.5-500 milligram (mg) one tablet by mouth every six hours as needed for pain. The medication was unavailable in the facility.</p> <p>Resident #4 was prescribed Nitroquick (angina) 0.4 mg one tablet under tongue, three doses five minutes apart as needed for chest pain. The medication was unavailable in the facility.</p> <p>Resident #5 was prescribed Budesonide 30's (Crohn's disease) as needed. The medication was unavailable in the facility.</p> <p>Severity: 2 Scope: 1</p>	Y 878			

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